

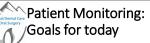








2



- Understand the importance of monitoring
- Know what parameters to monitor
- Know the goals or acceptable range for each parameter



- Complications???
 - 1.3-63% of patients

- Anesthetic related mortality???

 - 0.17-4.77%
 (Gaynor et al. 1999, Brodbelt et al. 2008, Bille et al. 2012, Matthews et al. 2017)
 Age

 - Weight
 - ASA status

 - Procedure
 Monitoring (Matthews et al. 2017, Brodelt 2009)





- Isoflurane
- Sevoflurane







5



- MAXIMIZE safety of the patient
 - Maintain normal homeostasis
 - Maintain an adequate depth
 - Clinical decisions





Patient Monitoring:

/AHAA Monitoring Guidelines

- Monitoring → early detection of complications
- "Blood pressure, heart rate/rhythm, mm color, & SpO2 best indexes of cardiovascular function"
- Anticholinergics:
 - HR & blood pressure
- $\bullet \ \, \textbf{Blood pressure} \ \, \textbf{monitoring \& patients with comorbidities:} \\$
 - Renal disease
 - Cardiac disease



7



Patient Monitoring:

Overview

- No absolute correlation between depth & physiologic impairment
- Cardiovascular & respiratory systems
- No one monitor is perfect



8



Patient Monitoring:

/What are we going to watch???

- Physical signs
- TPR
- % SpO2
- Blood pressure
- End tidal CO2
- ECG
- Use ALL the information!!!
- Use ALL your senses!!!





Patient Monitoring: /When to monitor?

- Pre induction!!!
- Induction period
- Maintenance phase
- Do NOT forget about recovery!!!



10



Patient Monitoring:

ECG

- Place before induction
- Electrical activity ONLY!!!
- No information about cardiac output
- NEED other monitors!!!
- Goal?
 - Normal sinus rhythm*
 - Rate?
 - Dog? • Cat?



11



Patient Monitoring: Blood Pressure

- $\bullet \ \mathsf{Place} \ \boldsymbol{before} \ \mathsf{induction} \\$
- Mean arterial pressure (MAP) → Perfusion
 Perfusion → O2 delivery
- Goals under anesthesia???
 - +/- 20% of awake MAP
 - Healthy: MAP ≥ 70 mm Hg*
- MAP < 65 mm Hg → Need Tx!!!
- Why do we care?





Patient Monitoring: **Blood Pressure Measurement**

- Oscillometric
- Doppler
- Frequency?
- At least every 5 minutes
- Accuracy?
- Cuff width
 ~40% limb circumference
- · Cuff placement

 - Proximal limb
 Appropriate contact



13



Patient Monitoring: Oscillometric NIBP

- Advantages:
- Automated reading of SAP, MAP, and DAP
 Easy to operate
- Non-invasive
 Eliminates many sources of operator error
- Disadvantages:
 Non-continuous

 - Poor performance with extreme HR & blood pressures
 - Cost
 - Will miss rapid changes Small patients?
- GOAL: MAP > 65 mm Hg

14

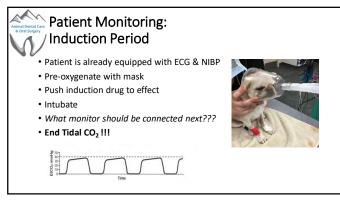


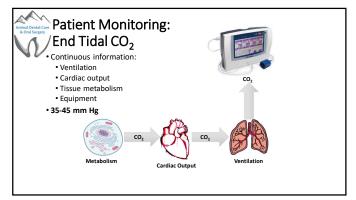
Patient Monitoring: Doppler NIBP

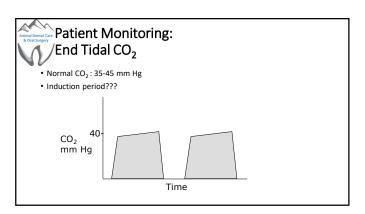
- Advantages:
 Lower cost
 Portable
 Non-invasive
 Continuous HR
 More accurate for patients hypotensive or ≤ 10 kg (Small Animal Critical Care Medicine, 2009)
- Disadvantages:
 Only one number

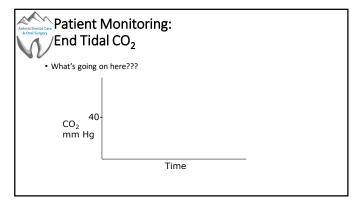
 - Non-continuous pressures Operator error
 Cautery interference
- GOAL: SAP > 90 mm Hg

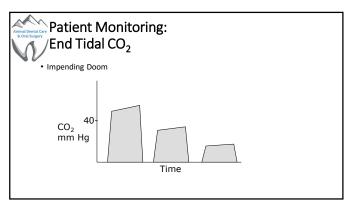










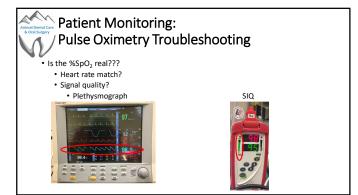


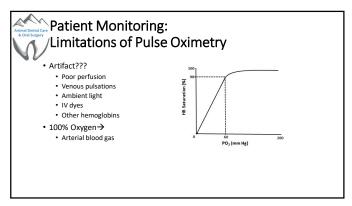
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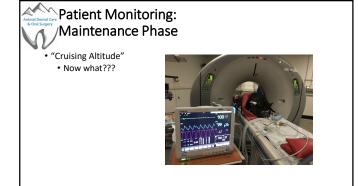


- Pulse oximeter
 - Placed at/during induction
 Appropriate in works
 - Anywhere it worksWhat does it need to work?
- **Goal**: %SpO2 ≥ 95%
- Induction & Recovery most critical











Patient Monitoring: /Physical Signs

- Eye position
- Ocular reflexes
- Jaw tone
- Pulse
- Respiratory rate & character
- MM color
- CRT



25



Patient Monitoring: /Temperature

- 98-100 F
- Hypothermia
 Infection

 - Delayed wound healing
 - Impaired coagulation
 - Increased fluid/transfusion requirements
 - Slowed drug metabolism
 - Prolonged recovery
 - Shivering



26



Patient Monitoring: Recovery

- Post-Op Monitoring
 - Mentation
 - Temperature
 - Pulse rate
 - Respiratory rate & character
 - Pain score
 - Frequency???
 - Duration???
 - Keep a record!!!





- Anesthetic related mortality
- 0.17-4.77%
 (Gaynor et al. 1999, Brodbelt et al. 2008, Bille et al. 2012, Matthews et al. 2017)
 Guess when it happens???





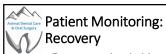
RESEARCH PAPER

The risk of death: the Confidential Enquiry into **Perioperative Small Animal Fatalities**

Brodbelt et al. Vet Anesth Analg 2008

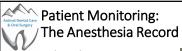
eaths occurred within 3 hours of to procedure (p = 0.034).

29



Factors associated with anesthetic-related death in dogs and cats in primary care veterinary hospitals Matthews et al. JAVMA 2017

In the study reported here, the postoperative period was the most common time of death for dogs (81/115 [70%]) and cats (46/89 [52%]), with the larg-



• Need recordings every 5 minutes

- Use notes!!!
- Don't forget about recovery!!!
- "If it is not written down, then it never happened"
- DEDICATED ANESTHETIST!!!



31



"There are no safe anesthetic drugs;
There are no safe anesthetic procedures;
There are ONLY safe anesthetists"

- Robert Smith MD



32

